

A Brief Survey of Certain Socio-economic Conditions
in Present-day Greenland

Chuteu sen

I will assume that the reader of this paper is familiar with the most basic information about Greenland. I will not dwell on matters such as the fact that Greenland is the world's largest island of which nine-tenths is covered by inland ice....that it has an arctic climate....that the population is of mixed European-Eskimoic origin and speaks an Eskimoic language....that most of the population lives on the west coast and have an economy based on fishing and hunting (fishing occurring mainly in the southern regions where the sea is free of ice for the largest part of the year; hunting in the northern part and on the East coast where the seals are still found and hunted by old-fashioned methods). I will also omit reference to the Greenlandic flora, fauna and geology.

Instead, I will begin with a short description of how the country is governed. Since 1953 Greenland has been an equal, integral part of the Kingdom of Denmark. The Danish constitution is valid for Greenland. Two regular members of the single house of the Danish Parliament are elected in Greenland; voting rights extend to men and women over twenty-one years of age.

The local governing body is the Provincial Council which, at present, is composed of seventeen members who are elected in the same manner as the members of Parliament. Until this year the Governor, as the Danish Government's highest official in Greenland, was foreman of this council and his offices took care of the council's administrative matters. But since June 1, 1967, the Provincial Council has elected its own foreman and developed its own secretariat.

Greenland is divided into districts, each of which has its own publically-elected council.

Many Danish laws are valid in Greenland but, in certain cases, there are laws or ordinances passed specifically for Greenland. Most important of these is one allowing the Provincial Council to act as a consulting body for the Danish Government and Parliament. In this capacity it participates in the formulation of laws relating to Greenland and, thus, has more power than comparable local governing boards in the counties in Denmark.

Political interest in Greenland is great, not least because of the recent new law whereby the Provincial Council elects its own foreman.

Though the trend is towards increased self-government, this cannot be interpreted as an anti-Danish tendency. While desiring to continue their close ties with the Danish people, the Greenlanders, who live so far from their mother country and who have their own language, simply wish to have a greater responsibility in their own local affairs.

Important, in connection with this, is the fact that Greenlanders make up the majority of the population of Greenland. This is in contrast to, for example, the Samians in northern Scandinavia and the Eskimos and Indians in Alaska who are now minority groups.

I will limit myself to this short summary of the administrative set-up and, hereafter, present an account of the conditions in Greenland which are of special interest to this symposium: namely, population trends, the organization of the health services, and social conditions including the housing situation and city sanitation.

The Greenlandic Health Services

The Greenlandic Health Services, as they are presently organized, were created in the years after 1950 and are based on the "Law on the Health Services in Greenland" of May 27, 1950. This law, in turn, results from the work of a commission between 1948 and 1950. The recommendations of this commission were the basis for all the so-called "reform" in Greenland, most important of which was the constitutional amendment of 1953 by which Greenland became an integral part of the Danish Kingdom.

Early History:

Before 1950, and especially in Greenland's earliest years, the health services were, to some degree, a haphazard affair. Greenland's first doctor

was employed by the missionary college in 1742 - only 21 years after colonization - and he worked in Godthåb until 1744. For the next 100 years there were no doctors in Godthåb.

Greenland's second doctor resided further north on the west coast, working in Jakobshavn and Godhavn from 1793 until 1801. At the beginning of the 19th century several other doctors worked in Greenland for short periods of time.

In 1838 a royal resolution created positions for two district doctors, one in Godthåb, the other in Jakobshavn. In 1856 Greenland's first hospital, with room for eight patients, was established in Godthåb. During the following years, the number of doctors and hospitals increased ever more rapidly. In 1900 there were four doctors and thirty hospital beds; in 1935, ten doctors and 285 beds in fourteen hospitals. The first nurse was employed in 1904; by 1935 there were 16 nurses.

Present Time:

Today, Greenland is partitioned into 17 medical districts. Each district has, depending on its size, one, two, or three doctors making, at present, an overall total of 32. In addition, there are doctors serving at the Grønnedal Naval Station and the Narssarssuaq airport (These figures do not include medical personnel at the American-operated air bases at Thule and Søndre Strømfjord.).

The major city in each district has a hospital - of greatly varying quality - as a base for the doctors' work. Each hospital contains consultation and operating rooms, X-ray equipment and a pharmacy, in addition to a varying number of beds for patients. Patients come both from the main town and the outlying settlements. Daily consultations are held for ambulant patients. The doctors are also obligated to visit the settlements at regular intervals.

To assist the doctors, there are fully-trained nurses and midwives (in 1967 a total, respectively, of 71 and 14). There are also a large number of health assistants who are trained in midwifery and elementary nursing at the local hospitals (1967: 177). Some of these health assistants are stationed in the outlying settlements where they provide maternity help, hold daily consultations and, in general, are the health service representatives in their areas.

It is planned to have a health assistant in every settlement. However, recent experiences indicate that it shall be difficult to fulfill this aim because the young, newly-trained women prefer to remain in the towns. The ability of the health assistants varies greatly. Their training has changed very much through the years and, moreover, been dependent on the place and on the resident doctor's interest and teaching ability.

Danish-trained nurses are stationed in some of the larger settlements and have at their disposal small nursing stations with the necessary facilities.

All the health services are government-run and free for anyone living in Greenland. Thus, there are no privately-operating doctors or dentists, nor any health insurance programs. Medicines are provided free-of-charge except for non-prescriptive items which can be purchased in regular shops.

In each district, one doctor is appointed as a district doctor. He is responsible for all the work of the health services in that district and functions as the district's public health officer. A very essential part of his work consists in organizing preventative health measures such as vaccinations, examination of children and expectant mothers, and tuberculosis examinations. Furthermore, the district doctor administers government appropriations. That is to say, he prepares the budget and is responsible for the operation and maintenance of the hospital, purchase of equipment, etc.

All 17 districts now have one or more dentists. Many districts also have dental technicians. The dentists' main task is providing therapeutic and prophylactic treatment to school-age children.

A number of positions as visiting nurses have also been established. These nurses are concerned with the growth and development of infants, young children and, to some degree, school-age youngsters. Unfortunately, only a few of these very important positions have been filled because of a scarcity of nurses (at the present time there are only six).

Finally, there are also a number of laboratory assistants, medical secretaries and dental assistants, some of whom have been educated in Greenland.

Since 1951 Greenland has also had a Chief Medical Officer. He is the head doctor and the district doctors' immediate superior. He leads and co-ordinates the work of the health services and acts as the intermediate between the district doctors and the administration in Godthåb and Copenhagen. He is also the National Health Service representative in Greenland. Working in the office of the Chief Medical Officer is his assistant, a superintendent of nursing and hygiene, and a food consultant. Since 1964 the Ministry for Greenland has also employed a veterinarian as a food-hygiene consultant.

In addition to the earlier-mentioned district hospitals, there is a central hospital in Godthåb, Queen Ingrid's Hospital. This was established in 1953-54 as a sanatorium to aid in fighting the enormous incidence of pulmonary tuberculosis. However, the following years evinced an appreciable fall in tubercular deaths, thus making it possible to transfer a considerable part of the hospital's facilities to other purposes. In 1957 a surgical ward was opened and, in 1962, a medical ward. Today each of the three sections has at least 60 beds; nonetheless, the surgical and medical wards are constantly overcrowded. Each ward has a head doctor; there are six additional doctors of which three function in both the medical and tubercular wards.

Queen Ingrid's Hospital also has 52 nurses, one nursing teacher, an instructing midwife, four laboratory technicians and four secretaries. Due to a lack of applicants, it has not been possible to fill the positions of chief X-ray diagnostician and chief anesthesiologist.

This hospital admits patients from all parts of Greenland. In 1965 there were 199 tuberculosis patients, 1409 surgical patients and 546 patients in the medical ward. At least two-thirds of the surgical and medical patients are from Godthåb and its environs, while less than one-fourth of the tubercular patients come from the Godthåb area.

In addition, a number of patients are sent to Denmark for special treatment - especially in the areas of child diseases, neurological and psychological disorders, orthopedics, and radiation treatment. These individuals number about two hundred a year.

Since 1955 the X-ray ship "Misigssut", with tuberculosis-specialists on board, has made annual trips along the West Greenland coast, visiting both the towns and the smaller settlements; the ship has also visited the Thule district on several occasions. The aim is to X-ray the entire population. 80-90 per cent of the people are examined yearly. There is no doubt that these mass-scale examinations have been a major cause of the sharp drop in tuberculosis cases during the last ten years.

The Future:

A general extension and improvement of medical services in the districts shall continue to take place in the coming years. This includes alterations of existing hospitals and dental clinics and the building of new ones. In addition, there is great interest in the construction of a proper central hospital in Godthåb. The "old" Queen Ingrid's Hospital is too small to take care of today's needs, all sections other than the operating ward are outmoded, and the condition of its buildings is such that we can only use it, at most, for another ten years.

The development of new medical departments is of special interest. Foremost is the desire for a psychiatric ward which is unanimously thought to be a necessity. A pediatric ward is second on the list. The timeliness of, for example, ophthalmic and ear-nose-and-throat wards is more questionable. It is also uncertain at the moment if it will be possible to fill such new wards with qualified personnel. Much depends on the development of a good transportation system which would enable us to bring the patients to centralized hospitals.

In addition, there are plans to attach three venerologists to the health services in Greenland, one each for the southern, middle, and northern parts of the west coast. These shall lead and co-ordinate the fight against gonorrhea which is the biggest epidemical problem in Greenland today. Ten percent of the population contracts gonorrhea each year. The disease is especially prevalent among members of the population between the ages of 15 and 30. Many cases included in the above percentage, however, are diagnosed in individuals who have been treated for the illness more than once.

During the past two years, one doctor (not a specialist) has, except for

a single visit to the other west coast districts, worked exclusively with venereal diseases in Greenland's three southernmost districts which have the highest frequency of gonorrhea.

We look with interest and great hopes to the recent innovation of a new educational arrangement for the health assistants. The young girls will complete a standardized general education before they are accepted for further training. This training will consist of two years of theoretical courses in a special school which began in Egedesminde in 1966 (a similar school will open in Godthåb in 1969). These studies will be followed by a year of compulsory practical training in one of the coast's larger hospitals. Thus, from now on, the young girls will obtain a more uniform and, hopefully, a better education, not least because their teachers will be specially-trained educators.

Population Conditions

One of the most prominent traits in the new Greenland is the population growth which, at the close of the fifties, climbed so vigorously from an already high level that one can, with perhaps more right than in other places of the world, talk of a population explosion.

The population growth at the present time is about 40 per thousand per annum. If nothing occurs to change the number of births and deaths, and when we exclude emigration, the native population will grow from approximately 35,000 in 1965 to approximately 91,000 in twenty-five years. If the growth continues unchanged, we will have 1.6 million inhabitants in 100 years.

The great population growth in Greenland results from the combination of a decrease in mortalities with an explosive increase in the birthrate.

The decreased death rate is primarily due to improved health conditions, the elimination of tuberculosis as a cause of death, and the great fall in infant mortality.

The birthrate in Greenland was already high before the explosive population growth began. At the end of the forties there were 40 births per thousand per annum. But in later years this has risen to 50 per thousand which is about three times as great as in Denmark. Only lands such as Mexico, Venezuela and Egypt have birth rates comparable to Greenland's. In contrast, the birth rate in Western Europe is now between 15 and 30 per thousand.

The birth rate is especially high among the young adults. Among women between 15 and 19 years of age, the birth rate more than doubled from 1948 to 1962. Among 20 to 29-year-old women, there was a 30% increase in births.

Why this very high birth rate? It can, unfortunately, be said that the population explosion in Greenland, for the main part, can be attributed to both an absolute and a relative rise in the number of illegitimate births. The number of such births tripled between 1948 and 1962. Unwed mothers accounted for 18.3% of all babies born in 1948; by 1962, this had increased to 35.6% of the births.

The cause of this increasing rise in birth rates among unmarried women can not be stated with certainty. Is greater sexual activity among the young to be blamed? Is it connected with social problems? Or is there, perhaps, a completely different cause? It probably results from a combination of many different factors.

However, no special explanation is needed to realize that the considerable number of illegitimate births inevitably creates a series of social problems, especially since the birth rate has so greatly increased among the very young.

I will not go deeper into these problems but will just mention that family planning has now been given a foremost place in our work and that perhaps contraceptives such as the spiral will be of importance in Greenland.

A census conducted on December 31, 1965 provided the following information on population and population growth:

The Population of Greenland

As of Dec. 31, 1965	Born in Greenland	Born outside of Greenland	Total population
1965	35,132	4,483	39,615
1964	34,711	4,104	38,815
1963	33,406	3,561	36,967
1962	32,288	3,211	35,499
1961	31,304	3,008	34,312
1960	30,378	2,762	33,140

Population Growth in Greenland

Year	Born in Greenland	Born outside of Greenland	Total population
1965	421	379	800
1964	1,305	543	1,848
1963	1,118	350	1,468
1962	984	203	1,187
1961	926	246	1,172
1960	1,175	110	1,285

The very last figures show that there are signs of a decrease in population growth. It must be taken into consideration, however, that the figures for 1965 are provisional and may eventually be modified. Preliminary processing of the information shows that the mentioned decrease is largely due to greater emigration of people born in Greenland. This may be connected with the fact that many are sent to Denmark for education.

The Greenlandic population originally lived spread out in many small settlements. This was necessary for a people who were dependent on seal hunting.

The goal of modern Greenlandic policies is to raise the status of the Greenlandic population - politically, socially, and culturally - and to improve the living standards. This goal cannot be reached by a population which lives dispersed over an enormous land area and in a large number of settlements. It also cannot be reached by an economy which is based on limited fishing and the hunting of seals and other marine animals by primitive methods.

Therefore, the population must be concentrated in fewer, and larger, places, mainly on that part of the west coast which is ice-free all, or almost all, year around. Here it is possible to develop large scale, year-round fishing industries. The government policy, therefore, is to especially invest in the large towns in southwest Greenland, namely Godthåb, Sukkertoppen, Holsteinsborg, and Frederikshåb.

Concentration of the population is already in full progress. There are many more people who wish to move from the small settlements and outlying areas in the north and south to the central large towns than can be accommodated; housing construction and city development on a whole cannot keep abreast.

These two factors, the population explosion and the concentration of population, create large problems and enormous investment demands. The population explosion has a tendency to swallow up progress and the concentration of people creates a long row of social tensions. In addition, when one realizes that progress in Greenland is taking place at the same time as considerably great economic and social progress in Denmark and Western Europe, it will be easier to understand that appreciable efforts to make improvements are not always crowned with success and that even evident progress in Greenland, when seen in relation to Denmark, is a mere trifle.

The Social Services

The social services in Greenland are primarily based on four ordinances passed by the locally-elected Greenlandic Provincial Council. These simply worded, concise ordinances were put into effect in 1951 and, except for the one concerning old-age pensions, have, in the main, remained unchanged. The ordinances' principal subjects are:

1. Old-age pensions

2. General Public Help, including aid to disabled persons along the same lines as with the old-age pensions
3. Child and Youth Welfare
4. Support to children living with only one parent

In addition there are various laws providing support to families. Among these is a law which provides family allowances for all children under 15 years of age.

Every town has a locally-elected "small council" which is its principal governing body. These councils have their basis in similar councils which already existed 10 years ago and which, at that time, already took care of the then-modest social services.

The social services are a purely Greenlandic concern. Operational expenses and, to a certain extent, building expenditures, are covered by the community itself, through revenue collected on the taxation of tobacco, beer, wine, alcohol, chocolate and sweets.

In contrast to other important societal matters, the Greenlandic society administers the social services itself. The local welfare and child care boards, with assistance from the community offices, play the central role in this administration.

We must also acknowledge that the work of the social services has been insufficient; efforts in these areas have been sporadic and haphazard. Therefore, we shall allot social policies a considerably larger role in the development of future Greenland politics.

What are the principal causes of social problems in Greenland? Foremost are the explosive increase in population and changes in the economy and in the community structure. These have caused social consequences which the Greenlandic community has been unprepared to counteract or remedy. Also, current endeavours to concentrate the population in fewer places involves a series of additional social problems.

There are now plans to set up an administration in each community which will attend to all of its social problems. In addition to traditional problems such as welfare of children, the handicapped and the elderly, areas such as family guidance, relocation of families, economic guidance, employment and housing will also be covered. The phrase "a social supermarket" has been used to describe such a set-up in which the problems of an individual are treated as a whole, rather than isolated into a number of separate departments.

To co-ordinate the work of the local bodies, a central administration will be established in Greenland's principal town, Godthåb. Included in this socio-economic management will be, among others, representatives of the Provincial Council and the health services. The principle functions of this body will be to advise the local groups and town treasurers, to co-ordinate efforts in the various districts, to train social workers and other personnel, and to plan and supervise the development and work of institutions such as day nurseries, kindergartens, and homes for children and the elderly.

The central administration will also co-ordinate the development of the social services with other services offered by the community. They will, however be careful to insure a certain amount of initiative at the local level.

At the same time, there are plans to reform the social legislation. In connection with this, we are preparing new rules for the reimbursement from the national treasury of building and operational expenses incurred by the social services. Until now there expenses have been, on the whole, the sole responsibility of the Provincial Council. The national treasury has only been involved in a few areas - for example, with family child allowances which it subsidizes completely.

We will also consider the development of a government reimbursement system which will motivate the communities to undertake activities from purely sociological and pedagogical points-of-view rather than ones which are most economically feasible to the community treasury.

A sensibly-acting social service must also attach significant importance to the health services, especially since the interests of these two groups often overlap as, for example, in arrangements for patients after discharge from hospitals. However, it is not only in the areas of rehabilitation and home-care but also in the social medicine field that these two groups, the health services and the social services, can discuss common objectives.

City Sanitation

It is, as mentioned before, a political goal to concentrate the Greenlandic population in urban areas. This creates a need for good sanitary conditions, especially since the economy of Greenland is largely based on the production of foodstuffs from fish. This enterprise demands very high hygienic standards which cannot be ignored, slackened, or treated in a sentimental manner. If the wares which Greenland exports are not of good quality they cannot compete on the world markets.

It is necessary, therefore, that we devote much attention to the construction in our towns of frost-free water and sewer systems and also good roads, regardless of the high cost of such an undertaking.

At present, the water supply in Greenland comes mainly from overflow; in the northern part it is often obtained from glacial ice.

The government establishes and operates water supply systems. Operational expenses are paid by the consumers. It is planned to have the operation of such systems gradually handed over to the local community governing bodies.

In the largest towns there are water plants which get water from rivers or natural or artificial reservoirs (in connection with the precipitation area). The water plants filter the water, treat it chemically and control its conduction through the communities. In the towns which have water plants, distribution of most of the water is through frost-free pipes to apartment buildings and industrial sites.

One family houses that have water tanks can have water delivered by a water truck; this, incidentally, is very expensive. In addition, the community has tap houses; these are buildings with frost-proof water tanks which are filled by the water trucks and where anyone can fetch water in his own pails, free-of-charge.

In the smaller living areas there are no real public water supply systems but local authorities often have set up small systems - for example, paths and small dams, making it easier for people to obtain water.

In the northernmost areas, ice is the only source of water, at least during the winter.

In Upernavik they expect to soon begin the construction of a water supply plant based on the evaporation of sea water.

To summarize, we can say that the state of the water supply system in Greenland towns during the past years has improved greatly but still leaves much to be desired.

Facilities for the collection and disposal of refuse and human wastes are underdeveloped. This holds true not only for what we call night soil but for all waste materials. Most cases of paratyphoid and infectious jaundice can be blamed on these conditions.

Only in the apartment buildings and a few other places are there both sewers and water closets. All other inhabitants use common buckets or chemical toilets, the emptying of which causes many problems.

Refuse (garbage) collection is also a problem although the situation is improving.

What are our future plans in this area?

Briefly, by 1975, all towns with a fishing industry will have water mains and sewers in all apartment buildings and in some houses. All towns with more than 1500 inhabitants will have, if they do not already, a sanitation department with a disposal area into the sea and dumping grounds for garbage and scraps; necessary roads will be included.

These conditions in the Greenlandic towns presumably do not differ greatly from similar conditions in other geographical areas where one finds a rapid urbanization and concentration of population. On the other hand, the concentration of population, in itself, provides the solution to these problems, since it provides the technical possibilities needed to improve the situation and the economical conditions needed to pay for this improvement.

Housing

Housing in Greenland must be of considerable interest to this symposium. The population of Greenland has always lived in houses. Originally these were made of stone and turf. The Greenlander has not used snowhouses except in the Thule district and, there, only as temporary homes while travelling.

I will not dwell on the history of this subject. By 1955 almost all Greenlanders lived in one-family houses made of wood. A small number in the outermost districts and in the smallest settlements still lived in peat moss houses with interior wood panelling. Some houses of this type can still be found.

We have, perhaps because of our traditional Scandinavian interest in housing, long been interested in Greenlandic homes. It has been possible for many years to establish public loans for low rent housing.

The building subsidy ordinance which functions today was introduced in 1953. In brief, this law provides loans up to the full cost of construction of an approved house type. These loans require no private savings and carry a 33-year repayment period. The interest is, by Danish standards, low - 4%. A 40% subsidy is given towards the interest and repayment costs. This subsidy can rise up to 77½%, depending on the number of children in the household.

House building in Greenland is very expensive. High freight rates, a short building season and a series of other factors make it at least twice as expensive to build a house in Greenland as in Denmark.

The cost of land is not included since land is free in Greenland. However, people can not get legal ownership of the ground.

To give an example of basic building costs: an average four-room government-subsidized house with an area of 72 square meters costs about 90,000 kroner (approximately 7 kroner to a U.S. dollar). Child subsidies can bring the payments down to 1100 kroner a year which is approximately 8.5% of an unskilled worker's annual income.

It should be added that private building has almost completely stopped. Government buildings always meet certain minimum requirements. For example, they contain at least a kitchen and one room; on the average there is a kitchen and two rooms. These houses always have a high fire resistance.

At the moment we are working with a new flexible typehouse which can be partially constructed by unskilled labor. A trial house is being built this summer and, if it is successful will be, I think, of interest for other arctic areas.

The Greenlandic population, as told before, is concentrating in urban communities. The towns are now of such a size that we cannot, for hygienic reasons, continue to be satisfied with the construction of houses without modern facilities such as running water and sewers. The arctic climate and rocky ground, plus the permanently-frozen ground found in some places, makes it extremely expensive to build these pipe systems and it is necessary, therefore, to make pipe systems and road connections - which will be kept snowfree - as short as possible.

In recent years, therefore, we have gone over to the construction of apartment buildings containing various-sized apartments. This concentration of dwellings makes it possible, at comparatively low cost, to equip the apartments with modern conveniences. Most housing constructed recently is in the form of apartments which are of a technical quality comparable to government-subsidized apartments in Denmark. The state is landlord of these apartments and rent is decided in the same way as with the loan repayment program for one-family houses. Because of the high technical standards in the apartments, the rent is considerably higher than in the one-family houses without installations.

On the negative side is the fact that apartment living is an entirely new experience for the Greenlanders. Among the inhabitants of some of the apartment buildings are people who have moved from small settlements. Just the movement into a town is a radical change in their lives and problems of both a practical and a psychological nature arise. People from the small settlements are accustomed to throw their trash out of the door onto a garbage pile. It is not so practical when garbage is tossed out of a fourth-floor window. It is not easy to become accustomed to being able to wash clothes only once a month instead of whenever one needs. In addition, the intricacies of a washing machine present added problems. Many practical things are new phenomena: the facts that

hot and cold water come out of the pipes when one turns the faucet, that light comes from the lamp when a button is pushed, and, moreover, that these things cost money.

The psychological problems resulting from living in such close contact is great. In these large buildings - the largest has 120 apartments on five floors - we have all conceivable problems, including quarrels between otherwise peaceful families, gangs of children and young criminals.

I mentioned that these apartment buildings are as good as comparable buildings in Denmark. There is one very important difference. The average number of dwellers per apartment is greater in Greenland than in Denmark. This does not only mean that people live more closely together in each individual apartment but also that the population density for a given area is greater - so much greater that there is ground for worry. As an example, I can mention that after completion of present building plans, the population density in one part of the now 6000-member Godthåb community will be comparable to one of Copenhagen's most crowded quarters - a quarter built at the end of the last century. Furthermore, it is predicted that, in a few years, Godthåb will have a population between ten and twelve thousand.

I shall cite some figures which will illustrate our housing situation. On December 31, 1965 there was a census count and, at the same time, a count of living quarters in all of Greenland. Similar counts were made in 1955 so it is possible to make comparisons over a ten-year period.

For statistical purposes, we shall differentiate between persons born in Greenland and those born elsewhere. In the same way, we will distinguish between residences inhabited by people born in Greenland and those inhabited by individuals born outside Greenland.

The majority of apartments inhabited by people born outside of Greenland are rent-free government service buildings. These buildings are included in the 1965 statistics but it is necessary to consider them separately if we wish to have a clear picture of the housing for the native population.

These statistics do not include personnel at the outlying weather stations and military bases such as the large base in Thule.

On December 31, 1965, there were 39,615 inhabitants in Greenland of which 4,483 were born outside Greenland and 35,132 in Greenland. Most of these 35,000 people lived in 5,811 dwellings; in other words, there were 5,811 residences which were inhabited by native-born Greenlanders. In addition, some people, mostly young, unmarried individuals, lived in joint households such as boarding schools and apprentice homes. These are not included in our statistics.

Of the 5,811 dwellings, 3,645 were in towns and 2,166 in the settlements. Of interest is the average number of native Greenlanders per dwelling. This was 5.4 in the towns and 5.8 in the settlements for an overall average of less than 5.6. That is a high average. In Denmark, an average of 3.1 individuals occupy each residence. But the Greenlandic family has considerably more children than a Danish family.

In 1965 the average number of children under 15 years of age in a household with a Greenlandic head was 2.7 whereas it was 0.8 in a home in Denmark. When the head of the household in Greenland was born outside of Greenland, the number of children averaged 1.3.

It is not unusual for a household to include individuals other than a couple and their young children - grandparents, grown-up children, etc. - but this situation is disappearing. The average size of a household has decreased from approximately 7.6 persons in 1900 to approximately 5.6 in 1965.

Regardless of the great amount of housing construction, the population explosion has, unfortunately, brought an increase in the number of people per household - from 5.5 in 1955 to the present 5.6. It is interesting to show how this 5.6 average is distributed. Approximately one-fourth of all households whose head was born in Greenland have eight or more members, and approximately 40% of all people and almost half of all children under 15 years of age lived, in 1965, in residences having eight or more people.

To give you a proper picture of the housing situation, these figures must be considered in connection with the size of the residences. Here we see an improvement. In 1955, more than half of all dwellings had only one room; by 1965 this was down to 30%. In 1955, only 18% of the dwellings had more than two rooms and a kitchen; in 1965 this was true of 30% of the dwellings. The average

number of rooms per residence has gone from 1.7 in 1955 to 2.1 in 1965.

Regardless of the very high population growth and its tendency to nullify progress in the housing situation, the average number of dwellers per room has decreased from 3.2 in 1955 to 2.6 in 1965. At the same time we find that the living quarters are largest in the more greatly developed towns in southwest Greenland, to which a considerable migration is in progress. We can, therefore, be pleased at the development of favorable trends. The Greenlanders, however, certainly cannot take this as a pretext for doing nothing. We regard good dwellings as one of the most important prerequisites of a healthy, well-balanced society. Overcrowded homes not only create an unhappy milieu for children but also affect their schooling and other education.

We continuously work, therefore, to increase the number of housing units. Public investments are greater in this area than in any other. The 1966-67 Finance Law provides 39 million kroner for residence construction - this is 21% of the entire government investment in Greenland. It can be added that, up to now, there has been very little private investment. Almost all dwellings built in the past ten years were constructed with a 100% loan under the government building loan system.

I shall close this description of the housing situation with statistics concerning the quality of housing in Greenland. As is true with other statistics I have mentioned, these show progress which we are gratified to see but which by no means indicate that it is time to rest on our laurels.

About one-half of the dwellings existing today have been constructed in the last ten years. Of the 4,259 dwellings in 1955, 3,000 or 70%, remain. 1264 dwellings have been condemned or emptied in connection with the migration from small settlements to towns.

Since 1953, when we began the governmental building subsidy program which remains in effect today, about 3600 housing units have been built. This constitutes 62% of the native population's dwellings. The great majority of these have been constructed in the towns.

There are still a significant number of dwellings of such inferior quality that even with the most lenient appraisal, one must say that they are not suited for human habitation. We estimate - perhaps incorrectly - that approximately 700 structures, or 11.8% of the dwellings inhabited by Greenland-born people, ought to be condemned. About 3,500 people live in these houses, the great majority of which were built before 1948. This figure of 11.8% sounds, and is, high. It must be one of our most important tasks in the coming years to decrease this figure. But we are, nevertheless, encouraged to realize that, had we made a comparable inquiry in 1955 or 1950, the number would have been much greater.

The housing situation is of great interest to the Provincial Council and the council does not pass up an opportunity to emphasize that they consider better housing one of the most essential and important tasks.

I have devoted considerable time to this subject for two reasons. First, because the housing standards, density of habitation, and city hygiene must be of great interest to this symposium. Both the physical and mental health of an individual depend on living conditions and this is especially true in lands such as arctic countries where people spend a great amount of time indoors.

Secondly, because during my travels in arctic regions I think I have been able to ascertain a difference in the building policies practiced on one side by the Scandinavian arctic areas including Greenland and, on the other side, by the American arctic regions.

I do not doubt that we all agree on the importance of dwellings to individuals and families. Rather, the difference is due to what is thought to be, in the long run, the right social policy.

I shall just mention one example which, in my opinion, does not speak well for our policy in this area. A Greenlandic family need not save up to have its own house. In fact, the system is so set up that there is absolutely no reason to save for this purpose. In addition, our very high demands for technical standards hinder the individual Greenlandic from building his own home.

I shall not attempt to say to what degree the building policies and standards affect the peoples' physical and mental health. But it appears to me that the subject should be of great interest to this symposium.

And now I shall end this short survey of those Greenlandic problems which I think are of special interest to this symposium. I may, perhaps, be permitted to mention mental health again. During more than twenty years of working with Greenlandic affairs, I have been able to follow the health services' progress, and am pleased at the great headway that can be seen, for example, in the very large decrease in mortality. The physical state of health in Greenland has become much, much better in these twenty years. This is clearly visible every day as one walks through a Greenlandic town.

But what is the state of the peoples' mental health? This, evidently, is not especially good in our country. But is it so much better in other arctic areas?

It would be very gratifying if this symposium could lead to the cooperation of doctors, social welfare personnel and pedagogues from the different arctic areas in combatting those mental illnesses which, for example, express themselves in the widespread misuse of alcohol and in the rising criminality, especially among the young.

Godthåb - July 1967

N.O. Christensen

